

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

THIS IS A PERMANENT RECORD

SEP 26 1933

MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County St. Louis
Township St. Louis
City St. Louis

Registration District No. 791
Primary Registration District No. 1000
(No. 7826 Minnesota)

File No. 25243
Registered No. 6676
St. 1 Ward 1

2. FULL NAME

(a) Residence, No. 1 St. 1 Ward 1
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|----------------------------------|---|
| 3. SEX <u>Female</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Nicholas Boesen</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>DEC 9, 1842</u> | | |
| 7. AGE <u>90</u> | YEARS <u>7</u> | MONTHS <u>22</u> |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home</u> | | |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | | |
| 10. Date deceased last worked at this occupation (month and year) | | |
| 11. Total time (years) spent in this occupation | | |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hannover, Germany</u> | | |
| 13. NAME <u>Berhardt Bruns</u> | | |
| 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u> | | |
| 15. MAIDEN NAME <u>Unknown</u> | | |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u> | | |
| 17. INFORMANT (ADDRESS) <u>Henry Boesen</u> <u>7826 Minnesota</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Monmouth</u> DATE <u>8/3</u> | | |
| 19. UNDERTAKER (ADDRESS) <u>Choyneister & L. Co</u> <u>7814 S. Broadway</u> | | |
| 20. FILED <u>2</u> 1933 <u>19</u> <u>J. F. Bredeck</u> Registrar | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 31, 1933
22. I HEREBY CERTIFY That I attended deceased from June 15th, 1933 to July 31, 1933
I last saw h. or alive on July 25, 1933. Death is said to have occurred on the date stated above, at 6 p. m.
The principal cause of death and related causes of importance were as follows:

acute myocarditis
130
93A
132
Other contributory causes of importance:
Paraneuritic Nephritis
acute
7-10-33

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury _____
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) Joseph Hardy M. D.
(Address) 7602 S. Pershing - St. Louis

